

City of Rockford, Illinois
Construction and Development Services
A Division of Community & Economic Development Department
 425 East State Street, Rockford, IL 61104
 Phone: (779) 348-7158 Fax: (815) 967-4243
 Web: www.rockfordil.gov



2015 Commercial / Multi-Family Building Permit Application

Project Address _____ **Unit/ Suite #** _____ **P.I.N. # (if known)** _____

Project/Business Name _____

A Single Project Contact must be designated for City Staff to correspond with. All questions and correspondence will be sent to this contact. Please note, an email address is REQUIRED!

Contact Name: _____ **Phone Number:** _____

Email Address: _____

General Information

| | |
|----------------------------|----------------------------|
| Property Owner | Tenant |
| Contact Name _____ | Contact Name _____ |
| Owner's | Tenant's |
| Address _____ | Address _____ |
| _____ | _____ |
| Phone # () _____ -- _____ | Phone # () _____ -- _____ |
| Email _____ | Email _____ |

Type of Improvement

- ☐ New Building ☐ Foundation Only ☐ Addition ☐ Remodel/Alteration ☐ Repair
☐ Interior Demolition ☐ Change Of Use – From: _____ To: _____
☐ Relocation of Structure ☐ Temporary Structure (>120 s.f. & <180 days)

Current/Last Use of Space: _____ **Proposed Use:** _____

Entire scope of work: _____

Project Cost, Construction Dates & Designated party to pay permit fees

Total Cost of Project (All Trades)
Incl. Labor, Material, Overhead & Profit: \$

Estimated Start Date: _____ **Estimated Completion Date:** _____

Designated Party To Pay Permit Fees:
 (i.e. General Contractor, Owner, Tenant, etc.)

Occupancy & Construction Type (On Construction Documents) – Check all that apply

Assembly: ☐ A-1 ☐ A-2 ☐ A-3 ☐ A-4 ☐ A-5 **Business, Education, Factory:** ☐ B ☐ E ☐ F-1 ☐ F-2
Hazardous: ☐ H-1 ☐ H-2 ☐ H-3 ☐ H-4 ☐ H-5 **Institutional:** ☐ I-1 ☐ I-2 ☐ I-3 ☐ I-4
Mercantile, Residential, Storage, Utility: ☐ M ☐ R-1 ☐ R-2 ☐ R-3 ☐ R-4 ☐ S-1 ☐ S-2 ☐ U

Construction Type: ☐ IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VB ☐ VB

Building Information

Fire Sprinkler System?: ☐ Yes ☐ No **Fire Alarm System?:** ☐ Yes ☐ No **Basement?:** ☐ Yes ☐ No

Building Height from Grade: feet inches **Number of Stories Above Grade:**

| Floor Area Square Feet | Existing Area S.F. | Remodel / Alteration S.F. | New / Addition Area S.F. | Total Area S.F. Per Floor |
|-----------------------------------|---------------------------|--------------------------------------|-------------------------------------|--------------------------------------|
| Basement | | | | |
| 1 st Floor | | | | |
| 2 nd Floor | | | | |
| Mezz./Other: | | | | |
| Other: | | | | |

Total All Floors

Design Professionals (attach additional contacts if needed)

| | |
|--------------------------------|--|
| Architect Of Record _____ | Civil/Prof. Engineer Contact Name _____ |
| Company _____ | Company _____ |
| Address _____ _____ | Address _____ _____ |
| Phone # () _____--_____ | Phone # () _____--_____ |
| Email _____ | Email _____ |

Will the project be submitted in phases? ☐ Yes ☐ No

Will MEP drawings be submitted later? ☐ Yes ☐ No

Contractors & Work to be Performed

Please fill out the information for All Trades below, even if the information is not known at this time.

| General Contractor Information | Electrical Information |
|--|--|
| Will there be General Construction work? <input type="checkbox"/> Yes <input type="checkbox"/> No Drawings submitted? <input type="checkbox"/> Now <input type="checkbox"/> Later | Will there be Electrical work? <input type="checkbox"/> Yes <input type="checkbox"/> No Drawings submitted? <input type="checkbox"/> Now <input type="checkbox"/> Later |
| General Contractor | Electrical Contractor |
| No registration required | Rockford Registration # or Illinois Municipality |
| Contact Name | Contact Name |
| Address | Address |

| | |
|--|--|
| | |
| Phone # () -- | Phone # () -- |
| Email | Email |
| Mechanical Information | Gas Piping Information |
| Will there be Mechanical work? <input type="checkbox"/> Yes <input type="checkbox"/> No Drawings submitted? <input type="checkbox"/> Now <input type="checkbox"/> Later | Will there be Gas Piping work? <input type="checkbox"/> Yes <input type="checkbox"/> No Drawings submitted? <input type="checkbox"/> Now <input type="checkbox"/> Later |
| Mechanical Contractor | Electrical Contractor |
| Rockford Mechanical License# (Required) | Rockford Mechanical License# (Required) |
| Contact Name | Contact Name |
| Address | Address |
| | |
| Phone # () -- | Phone # () -- |
| Email | Email |
| Fire Sprinkler Information | Fire Alarm Information |
| Will there be Fire Sprinkler work? <input type="checkbox"/> Yes <input type="checkbox"/> No Drawings submitted? <input type="checkbox"/> Now <input type="checkbox"/> Later | Will there be Electrical work? <input type="checkbox"/> Yes <input type="checkbox"/> No Drawings submitted? <input type="checkbox"/> Now <input type="checkbox"/> Later |
| General Contractor | Electrical Contractor |
| NICET | Rockford Registration # (Required) |
| Contact Name | Contact Name |
| Address | Address |
| | |
| Phone # () -- | Phone # () -- |
| Email | Email |
| Plumbing Information | Roofing Information |
| Will there be Plumbing work? <input type="checkbox"/> Yes <input type="checkbox"/> No Drawings submitted? <input type="checkbox"/> Now <input type="checkbox"/> Later | Will there be Roofing work? <input type="checkbox"/> Yes <input type="checkbox"/> No Drawings submitted? <input type="checkbox"/> Now <input type="checkbox"/> Later |
| Plumbing Contractor | Electrical Contractor |
| State of Illinois Plumbing License # 058- | State License# 104- |
| State of Illinois Contractor Reg # 055- | |
| Contact Name | Contact Name |
| Address | Address |
| | |

| | |
|--|---|
| Phone # () -- | Phone # () -- |
| Email | Email |
| Kitchen Hood Exhaust System Information | Kitchen Hood Fire Suppression Information |
| Will there be Kit. Hood Exh. work? <input type="checkbox"/> Yes <input type="checkbox"/> No Drawings submitted? <input type="checkbox"/> Now <input type="checkbox"/> Later | Will there be Kit. Hood, F.S. work? <input type="checkbox"/> Yes <input type="checkbox"/> No Drawings submitted? <input type="checkbox"/> Now <input type="checkbox"/> Later |
| Contact Name | Contact Name |
| Address | Address |
| Phone # () -- | Phone # () -- |
| Email | Email |

Applicant's Certificate

As owner or authorized agent of the project for which this application is being filed, I hereby certify:

1. The description of use and information contained on this application is correct and;
2. The structure will not be occupied or used until all known code violations are corrected and a Certificate of Occupancy is issued by the Construction & Development Services division and;
3. The project, if permit is granted, will comply with all requirements of applicable City Ordinances and pay all fees required by such ordinances and;
4. The project will be constructed in accordance with the approved construction documents [drawings and specifications] and applicable codes and ordinances of the City of Rockford and;
5. Any changes to the approved construction documents documents will be filed with the City of Rockford Construction & Development Services and;
6. Another application will be submitted at such time as the described use may change.
7. No error or omission in either documents or application, whether said documents or application have been approved by the Code Official or not, shall permit or relieve the applicant from constructing the work in any manner other than provided for in the Ordinances of this City relating thereto.
8. The City of Rockford has notified me of Part 61 of Title 40 of the Code of Federal Regulations (NESHAP) and I agree as a condition of this permit to file any required NESHAP notification form with the Illinois Environmental Agency, as required by Section 61.145 (b). (Asbestos Regulations)
9. If other than the owner, I am certifying that the proposed work has been authorized by the owner of record and that I have been authorized by the owner to complete this application on his behalf. I will be acting on the behalf of the owner as his:

☐ **Architect** ☐ **Engineer** ☐ **Contractor** ☐ **Agent** ☐ **Other**_____

Signature: _____ Date _____

Print Name: _____ Phone: _____